

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>5565</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>FRANK</u> <u>G</u> <u>SPENCER</u> P.O. Box, Bldg., Room No., if any Street <u>426 KINGS HIGHWAY EAST</u> City <u>HADDONFIELD</u> State <u>New Jersey</u> ZIP Code + 4 <u>08033</u>	4. Name, file number, and address of labor organization. Name <u>NEW JERSEY REGIONAL COUNCIL OF CARPENTERS</u> Labor Organization File Number <u>020376</u> P.O. Box, Building and Room Number, if any <u>P.O. BOX 6855</u> Street <u>RARITAN PLAZA II</u> City <u>EDISON</u> State <u>New Jersey</u> ZIP Code + 4 <u>08818</u>
5. Position in labor organization. <u>EXECUTIVE SECRETARY TREASURER</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. N/A 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Frank Spencer

On

8/7/05
Date

732-417-9229
Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name NEW JERSEY CARPENTER FUNDS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. BOX 7818

Street RARITAN PLAZA II

City EDISON

State New Jersey ZIP Code + 4 08818

9. Business deals with:

- ☐ a. Labor Organization
- ☒ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name NEW JERSEY CARPENTER PENSION FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. BOX 7818

Street RARITAN PLAZA II

City EDISON

State New Jersey ZIP Code + 4 08818

11.a. Nature of such dealing.

03/31/04	TRUSTEE MEETING - MEALS & LODGING	\$ 354
05/01/04	EDUCATIONAL MEETING - REIMBURSEMENT FOR TRAVEL, MEALS, LODGING	\$2,100
09/09/04	TRUSTEE MEETING - MEALS & LODGING	\$ 90

11.b. Approximate dollar value of such dealing.

\$2,544

12.a. Nature of interest held or income received.

NONE

12.b. Amount.

\$0

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

N/A

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name JENNINGS, SIGMOND, ATTORNEYS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 510 WALNUT STREET

City PHILADELPHIA

State Pennsylvania ZIP Code + 4 19106

9. Business deals with:

- ☒ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

HOLIDAY PRESENT - FRUIT BASKET

11.b. Approximate dollar value of such dealing.

\$100

12.a. Nature of interest held or income received.

NONE

12.b. Amount.

\$0

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

N/A

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.